

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER  
2016 JUL 18 AM 11:38

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

COMMITTEE FOR AN HONEST MEMBER OF CONGRESS

ADDRESS (number and street)

22 PETERLIN CIRCLE

Check if different  
than previously  
reported. (ACC)

SACRAMENTO

CA

95822-1328

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

00617985

3. IS THIS  
REPORT

☒

NEW  
(N)

OR

☐

AMENDED  
(A)

4. TYPE OF REPORT  
(Choose One)

(a) Quarterly Reports:

- ☐ April 15  
Quarterly Report (Q1)
- ☒ July 15  
Quarterly Report (Q2)
- ☐ October 15  
Quarterly Report (Q3)
- ☐ January 31  
Year-End Report (YE)
- ☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)
- ☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:

- ☐ Feb 20 (M2)
- ☐ Mar 20 (M3)
- ☐ Apr 20 (M4)

- ☐ May 20 (M5)
- ☐ Jun 20 (M6)
- ☐ Jul 20 (M7)

- ☐ Aug 20 (M8)
- ☐ Sep 20 (M9)
- ☐ Oct 20 (M10)

- ☐ Nov 20 (M11)  
(Non-Election  
Year Only)
- ☐ Dec 20 (M12)  
(Non-Election  
Year Only)
- ☐ Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

- ☐ Primary (12P)
- ☐ Convention (12C)

- ☐ General (12G)
- ☐ Special (12S)

☐ Runoff (12R)

Election on

MM / DD / YYYY

in the  
State of

State

(d) 30-Day  
POST-Election  
Report for the:

- ☐ General (30G)

- ☐ Runoff (30R)

- ☐ Special (30S)

Election on

MM / DD / YYYY

in the  
State of

State

5. Covering Period

05/19/2016

through

06/30/2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

STEVEN MARK KAMR

Signature of Treasurer



Date

07/13/2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only

**FEC FORM 3X**  
Rev. 12/2004

2016 JUL 18 AM 11:38

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

*Committee For An Honest Member of Congress*

Report Covering the Period:

From:

*05/19/2016*

To:

*06/30/2016*

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <i>2016</i>		<i>0</i>
(b) Cash on Hand at Beginning of Reporting Period.....	<i>5490.00</i>	
(c) Total Receipts (from Line 19) .....	<i>&lt; 9490.00 &gt;</i>	<i>6000.00</i>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<i>1000.00</i>	<i>6000.00</i>
7. Total Disbursements (from Line 31) .....	<i>0</i>	<i>5000.00</i>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<i>988.00</i>	<i>988.00</i>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	<i>0</i>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	<i>0</i>	

☐ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

2016-07-18 PM 00:00:10

## Page 3

Write or Type Committee Name

For Type Committee Name Commonwealth for UN Women's Members of Congress

Report Covering the Period:

From:

To:

## I. Receipts

**COLUMN A**  
**Total This Period**

**COLUMN B**  
**Calendar Year-to-Date**

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

## Than Political Committees

(i) Itemized (use Schedule A).....

(ii) Unitemized

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

(b) Political Party Committees .....

(c) Other Political Committees

(such as PACs).....

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....▶

- ## 12. Transfers From Affiliated/Other

Party Committees.....

13. All Loans Received .....

14. Loan Repayments Received.....

- ### 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

- ### 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

- ## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

- ### 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

(b) Levin Funds (from Schedule H5) .....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c)).....▶

20. Total Federal Receipts  
(subtract Line 18(c) from Line 19).....▶

2019-07-18 AM 0000 MN

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

## **II. Disbursements**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

21. Operating Expenditures:

(a) Allocated Federal/Non-Federal Activity (from Schedule H4)

(i) Federal Share .....

(ii) Non-Federal Share.....

(b) Other Federal Operating Expenditures .....

(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....

22. Transfers to Affiliated/Other Party Committees.....

23. Contributions to Federal Candidates/Committees and Other Political Committees.....

24. Independent Expenditures (use Schedule E).....

25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....

26. Loan Repayments Made.....

27. Loans Made.....

28. Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees.....

(b) Political Party Committees.....

(c) Other Political Committees (such as PACs).....

(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....

29. Other Disbursements .....

30. Federal Election Activity (52 U.S.C. § 30101(20))

(a) Allocated Federal Election Activity (from Schedule H6)

(i) Federal Share .....

(ii) "Levin" Share.....

(b) Federal Election Activity Paid Entirely With Federal Funds .....

(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....

31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..

32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....

12.00

5,012.00

0

0

0

12.00

5,012.00

0

0

0

0

0

0

0

0

0

0

0

0

0

12.00

5,012.00

0

12.00

5,012.00

12.00

5,012.00

12.00

5,012.00

12.00

5,012.00

2016-07-18 09:00:00

## Page 5

**COLUMN B**  
**Calendar Year-to-Date**

- 6500110  
600000  
501200  
501200

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 20

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Committee For the House Member Unleashed

A. Full Name (Last, First, Middle Initial) KRISHNA M. REDDY DDS, INC.  
Mailing Address PO Box 2250  
City WITTIER CA State Zip Code 90616  
FEC ID number of contributing federal political committee. C  
Name of Employer KRISHNA M REDDY DDS INC Occupation n/a  
Receipt For: ☒ Primary ☐ General ☐ Other (specify) n/a  
Aggregate Year-to-Date 500.00

Date of Receipt

06 07 2016

Amount of Each Receipt this Period

500.00

Memo Item

B. Full Name (Last, First, Middle Initial) FRED NEUBSCHER  
Mailing Address 924 16TH STREET  
City HERMOSA BEACH CA State Zip Code 90252  
FEC ID number of contributing federal political committee. C  
Name of Employer Self Employed Occupation Political Consultant  
Receipt For: ☐ Primary ☐ General ☐ Other (specify) n/a  
Aggregate Year-to-Date 5500.00

Date of Receipt

05 19 2016

Amount of Each Receipt this Period

4990.00

Memo Item negative

C. Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. C  
Name of Employer  
Occupation  
Receipt For: ☐ Primary ☐ General ☐ Other (specify)  
Aggregate Year-to-Date

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

PAGE 7 OF 20

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Committee for RN Harvest Member of Congress

Full Name (Last, First, Middle Initial)

<b>A.</b>		Date of Disbursement
Mailing Address		<input type="text"/>
City State Zip Code		<input type="text"/>
Purpose of Disbursement	Category/ Type	Amount of Each Disbursement this Period <input type="text"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>B.</b>		Date of Disbursement
Mailing Address		<input type="text"/>
City State Zip Code		<input type="text"/>
Purpose of Disbursement	Category/ Type	Amount of Each Disbursement this Period <input type="text"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>C.</b>		Date of Disbursement
Mailing Address		<input type="text"/>
City State Zip Code		<input type="text"/>
Purpose of Disbursement	Category/ Type	Amount of Each Disbursement this Period <input type="text"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

**SCHEDULE C (FEC Form 3X)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 2 OF 30  
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (in Full)

Committee for an Honest Member of Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Election:

☐ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

% (apr)

☐ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional) ▶

**TOTALS** This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE D (FEC Form 3X)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

*nm*

*9* OF *50*

(Use separate schedule(s) for each numbered line)	PAGE 9 OF 50
FOR LINE NUMBER: (check only one)	
<input type="checkbox"/> 9	<input type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
*Committee for ANTHONY MEMBER OF CONGRESS*

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional).....▶	
2) TOTALS This Period (last page this line number only).....▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	

2016-07-18 PM 00:00:00

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 10 OF 20  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)

Committee for AN HONEST MEMORIAL

FEC IDENTIFICATION NUMBER

000617985

Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on

Full Name of Payee

☐ Memo Item

Date of Public Distribution/Dissemination

Mailing Address

Amount

City

State

Zip Code

Date of Disbursement or Obligation

Purpose of Expenditure

Category/  
Type

Name of Federal Candidate

☐ Support  
☐ Oppose

Office Sought:

☐ House

District:

☐ President

☐ Senate

State:

Calendar Year-To-Date

Per Election for Office Sought

Disbursement For:

☐ Primary

☐ General

☐ Other (specify)

Full Name of Payee

☐ Memo Item

Date of Public Distribution/Dissemination

Mailing Address

Amount

City

State

Zip Code

Date of Disbursement or Obligation

Purpose of Expenditure

Category/  
Type

Name of Federal Candidate

☐ Support  
☐ Oppose

Office Sought:

☐ House

District:

☐ President

☐ Senate

State:

Calendar Year-To-Date

Per Election for Office Sought

Disbursement For:

☐ Primary

☐ General

☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Date

2019-07-18 PM 00:08:27

# SCHEDULE F (FEC Form 3X)

## ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

NAME

PAGE 11 OF 20

FOR LINE 25 OF FORM 3X

(To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full)		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:		Full Name of Subordinate Committee  Mailing Address  City State ZIP Code	
Full Name (Last, First, Middle Initial) of Each Payee <input type="checkbox"/> Memo Item  Mailing Address  City State Zip Code		Purpose of Expenditure  Date Amount Category/Type	
Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:		Aggregate General Election Expenditure for this Candidate	
Full Name (Last, First, Middle Initial) of Each Payee <input type="checkbox"/> Memo Item  Mailing Address  City State Zip Code		Purpose of Expenditure  Date Amount Category/Type	
Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:		Aggregate General Election Expenditure for this Candidate	
Full Name (Last, First, Middle Initial) of Each Payee <input type="checkbox"/> Memo Item  Mailing Address  City State Zip Code		Purpose of Expenditure  Date Amount Category/Type	
Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:		Aggregate General Election Expenditure for this Candidate	
SUBTOTAL of Expenditures This Page (optional)		TOTAL This Period (last page this line number only)	

SCHEDULE H1 (FEC Form 3X)

n/d 12/20

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

Committee for an Honest Member of Congress

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- \_\_\_\_\_ Presidential-Only Election Year (28% Federal)
- \_\_\_\_\_ Presidential and Senate Election Year (36% Federal)
- \_\_\_\_\_ Senate-Only Election Year (21% Federal)
- \_\_\_\_\_ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check ☐

or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... 100.00 %

Nonfederal..... %

This ratio applies to (check all that apply):

Administrative ☒

Generic Voter Drive ☒

Public Communications Referencing Party Only ☒

Handwritten initials/signature

**SCHEDULE H2 (FEC Form 3X)**  
**ALLOCATION RATIOS**

PAGE 13 OF 20

NAME OF COMMITTEE (In Full)

**RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.**

Methods of allocation:

I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.

II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

ACTIVITY OR EVENT IDENTIFIER  ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div></div> %	NONFEDERAL % <div></div> %
ACTIVITY OR EVENT IDENTIFIER  ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div></div> %	NONFEDERAL % <div></div> %
ACTIVITY OR EVENT IDENTIFIER  ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div></div> %	NONFEDERAL % <div></div> %
ACTIVITY OR EVENT IDENTIFIER  ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div></div> %	NONFEDERAL % <div></div> %
ACTIVITY OR EVENT IDENTIFIER  ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div></div> %	NONFEDERAL % <div></div> %
ACTIVITY OR EVENT IDENTIFIER  ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div></div> %	NONFEDERAL % <div></div> %

2016-07-18 PM 00:00:MM

**SCHEDULE H3 (FEC Form 3X)  
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE 74 OF 70  
FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

**BREAKDOWN OF TRANSFER RECEIVED**

i) Total Administrative .....

ii) Generic Voter Drive .....

iii) Exempt Activities .....

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Fundraising .....

v) Direct Candidate Support (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Candidate Support .....

vi) Public Communications Referring Only to Party (Made by PAC) .....

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

TOTAL This Period (Administrative) .....

TOTAL This Period (Generic Voter Drive) .....

TOTAL This Period (Exempt Activities) .....

TOTAL This Period (Direct Fundraising) .....

TOTAL This Period (Direct Candidate Support) .....

TOTAL This Period (Public Communications Referring Only to Party) .....

TOTAL This Period (Total Amount Transferred) .....

**SCHEDULE H4 (FEC Form 3X)**  
**DISBURSEMENTS FOR ALLOCATED**  
**FEDERAL/NONFEDERAL ACTIVITY**

n/4

PAGE 15 OF 20  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address			Allocated Activity or Event Year-To-Date	
City State Zip Code			Date M-M / D-D / Y-Y Y-Y	
Purpose of Disbursement:		Category/ Type	Date	
Activity or Event Identifier:			Date	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT				

B. Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address			Allocated Activity or Event Year-To-Date	
City State Zip Code			Date M-M / D-D / Y-Y Y-Y	
Purpose of Disbursement:		Category/ Type	Date	
Activity or Event Identifier:			Date	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT				

C. Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address			Allocated Activity or Event Year-To-Date	
City State Zip Code			Date M-M / D-D / Y-Y Y-Y	
Purpose of Disbursement:		Category/ Type	Date	
Activity or Event Identifier:			Date	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT				

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

2016-07-18 PM 00:00:00

**SCHEDULE L (FEC Form 3X)**  
**AGGREGATION PAGE: LEVIN FUNDS**

n/a / 16

NAME OF COMMITTEE (In Full)		
NAME OF ACCOUNT		
	<b>COLUMN A TOTAL THIS PERIOD</b>	<b>COLUMN B YEAR-TO-DATE</b>
1. RECEIPTS FROM PERSONS		
(a) Itemized ..... (Use Schedule L-A)		
(b) Unitemized .....		
(c) Total .....		
2. OTHER RECEIPTS .....		
3. TOTAL RECEIPTS .....		
(Add Lines 1c and 2)		
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration .....		
(b) Voter ID .....		
(c) GOTV .....		
(d) Generic Campaign .....		
(e) Total .....		
5. OTHER DISBURSEMENTS .....		
6. TOTAL DISBURSEMENTS .....		
(Add Lines 4e and 5)		
7. BEGINNING CASH ON HAND .....		
(for Column B, use cash as of January 1st)		
8. RECEIPTS .....		
(from Line 3)		
9. SUBTOTAL .....		
(Add Lines 7 and 8)		
10. DISBURSEMENTS .....		
(From Line 6)		
11. ENDING CASH ON HAND .....		
(Subtract Line 10 From Line 9)		

2016-07-18 PM 00:00:11

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
for each category of the  
Aggregation Page

PAGE 17 OF 20

FOR LINE NUMBER:  
(check only one)

☐ 1a ☐ 2

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NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial) / Full Organization Name

☐ Memo Item

Date of Receipt

A.

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

MM / DD / YYYY

Amount of Each Receipt this Period

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

☐ Memo Item

Date of Receipt

B.

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

MM / DD / YYYY

Amount of Each Receipt this Period

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

☐ Memo Item

Date of Receipt

C.

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

MM / DD / YYYY

Amount of Each Receipt this Period

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

☐ Memo Item

Date of Receipt

D.

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

MM / DD / YYYY

Amount of Each Receipt this Period

Aggregate Year-to-Date

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

MM / DD / YYYY

MM / DD / YYYY

2016-07-18 PM 00:08:44

n/a

LINE NUMBER: PAGE 14 OF 20

FOR LINE NUMBER:  
(check only one) ☐

PAGE  OF

4a  4c  5  
4b  4d

NAME OF COMMITTEE (In Full)

51970000-30-180706102

**SCHEDULE H5 (FEC Form 3X)**

**TRANSFERS OF LEVIN FUNDS RECEIVED FOR  
ALLOCATED FEDERAL ELECTION ACTIVITY**

(To be used by State, District and Local Party Committees Only)

n/a

PAGE 19 OF 70  
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

**BREAKDOWN OF THIS TRANSFER**

**i) Voter Registration**

VOTER REGISTRATION

Total Amount Transferred for Voter Registration.....

**ii) Voter ID**

VOTER ID

Total Amount Transferred for Voter ID.....

**iii) GOTV**

GOTV

Total Amount Transferred for GOTV.....

**iv) Generic Campaign Activity**

GENERIC CAMPAIGN ACTIVITY

Total Amount Transferred for Generic Campaign Activity.....

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

**BREAKDOWN OF THIS TRANSFER**

**i) Voter Registration**

VOTER REGISTRATION

Total Amount Transferred for Voter Registration.....

**ii) Voter ID**

VOTER ID

Total Amount Transferred for Voter ID.....

**iii) GOTV**

GOTV

Total Amount Transferred for GOTV.....

**iv) Generic Campaign Activity**

GENERIC CAMPAIGN ACTIVITY

Total Amount Transferred for Generic Campaign Activity.....

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)**

TOTAL This Period (Voter Registration).....

TOTAL This Period (Voter ID).....

TOTAL This Period (GOTV).....

TOTAL This Period (Generic Campaign Activity).....

TOTAL This Period (Total Amount of Transfers Received).....

2016-07-18 00:00:00

**SCHEDULE H6 (FEC Form 3X)  
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS  
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**  
(To be used by State, District and Local Party Committees Only)

n/a

PAGE 20 OF 20  
FOR LINE 30a OF FORM 3X

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) / Full Organization Name		<input type="checkbox"/> Memo Item	Type of Allocated Activity or Event:	
			<input type="checkbox"/> Voter Registration	<input type="checkbox"/> GOTV
			<input type="checkbox"/> Voter ID	<input type="checkbox"/> Generic Campaign
Mailing Address			Allocated Activity or Event Year-To-Date	
City	State	Zip Code		
Purpose of Disbursement		Category/Type	Date	

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name		<input type="checkbox"/> Memo Item	Type of Allocated Activity or Event:	
			<input type="checkbox"/> Voter Registration	<input type="checkbox"/> GOTV
			<input type="checkbox"/> Voter ID	<input type="checkbox"/> Generic Campaign
Mailing Address			Allocated Activity or Event Year-To-Date	
City	State	Zip Code		
Purpose of Disbursement		Category/Type	Date	

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name		<input type="checkbox"/> Memo Item	Type of Allocated Activity or Event:	
			<input type="checkbox"/> Voter Registration	<input type="checkbox"/> GOTV
			<input type="checkbox"/> Voter ID	<input type="checkbox"/> Generic Campaign
Mailing Address			Allocated Activity or Event Year-To-Date	
City	State	Zip Code		
Purpose of Disbursement		Category/Type	Date	

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT

SUBTOTAL of Shared Federal and Levin Activity This Page				
FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))				
FEDERAL SHARE		LEVIN SHARE		TOTAL AMOUNT
TOTAL This Period for the Levin Share				

2016-07-18 PM 00:00:11

7016 0750 0000 0427 8229

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

**CERTIFIED MAIL**



7016 0750 0000 0427 8229



1000



20463

U.S. POSTAGE  
PAID  
SACRAMENTO  
95822-16  
JUL 13  
AMOUNT

**\$7.78**

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WASHINGTON DC  
205463

Federal Election Commission  
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<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked Date of Receipt
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) <b>7/13/16</b>
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

  
PREPARER

**7/18/16**  
DATE PREPARED

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